

TOBACCO 101

March 2004

Washington State Tobacco Control Conference

Welcome!

- We are Dave Harrelson & Julia Dilley
- Who are you?
 - Introduce yourself to one person you don't know...
- Housekeeping
 - Bathrooms
 - Cell phones
- “Parking Lot”

Purposes of the Training

- Introduction to context for tobacco control in WA
- Introduction to the science of tobacco control
- Some things that will help a person new to tobacco control to get going

Non-Purposes

What we don't have time to address

- Specific data/evaluation info for your community
 - But you can find data on the CATALYST website
- Community Strategic Planning
 - But you will get training on that in April/May
- What *exactly* you are supposed to be doing
 - But you can talk to your DOH contract manager
- Full spectrum of Tobacco Control history/theory
 - But you can (should) use the BOTC CD-rom or online training at www.ttac.org

Agenda for Today

- 9:15-9:50
 - Background about Tobacco Control
- 9:50-10:30
 - Doing Tobacco Control: theory
- 10:30-10:45
 - Break
- 10:45-11:15
 - Doing Tobacco Control: Washington
- 11:15-11:45
 - Doing Tobacco Control: Your office
- 11:45-12:00
 - Wrap-up, parking lot issues

A little background knowledge

Terms You Should Know*

- **Community** (County, Tribal, Priority Population)
 - People who are linked by common understanding, beliefs, cultures
- **Policy/Preemption**
 - “policy” includes rules that govern our society (public and private rules). “Preemption” prevents local lawmakers from passing laws stronger than state or federal law (“nothing can be stronger than this”)

**so that you don't have to be confused when we use them today*

Some More Terms

- **Cultural Competency**
 - Doing 'business' with people in a way that respects their individual beliefs, heritage, values, language
- **Health Disparities**
 - Differences in disease and death rates between high-risk communities and the general population resulting from differences in SES status, race/ethnicity, geography, gender, sexual orientation, disability, and age, and/or limited access to health care and culturally appropriate resources. Also, tobacco industry targeting.

The last terms (we promise)

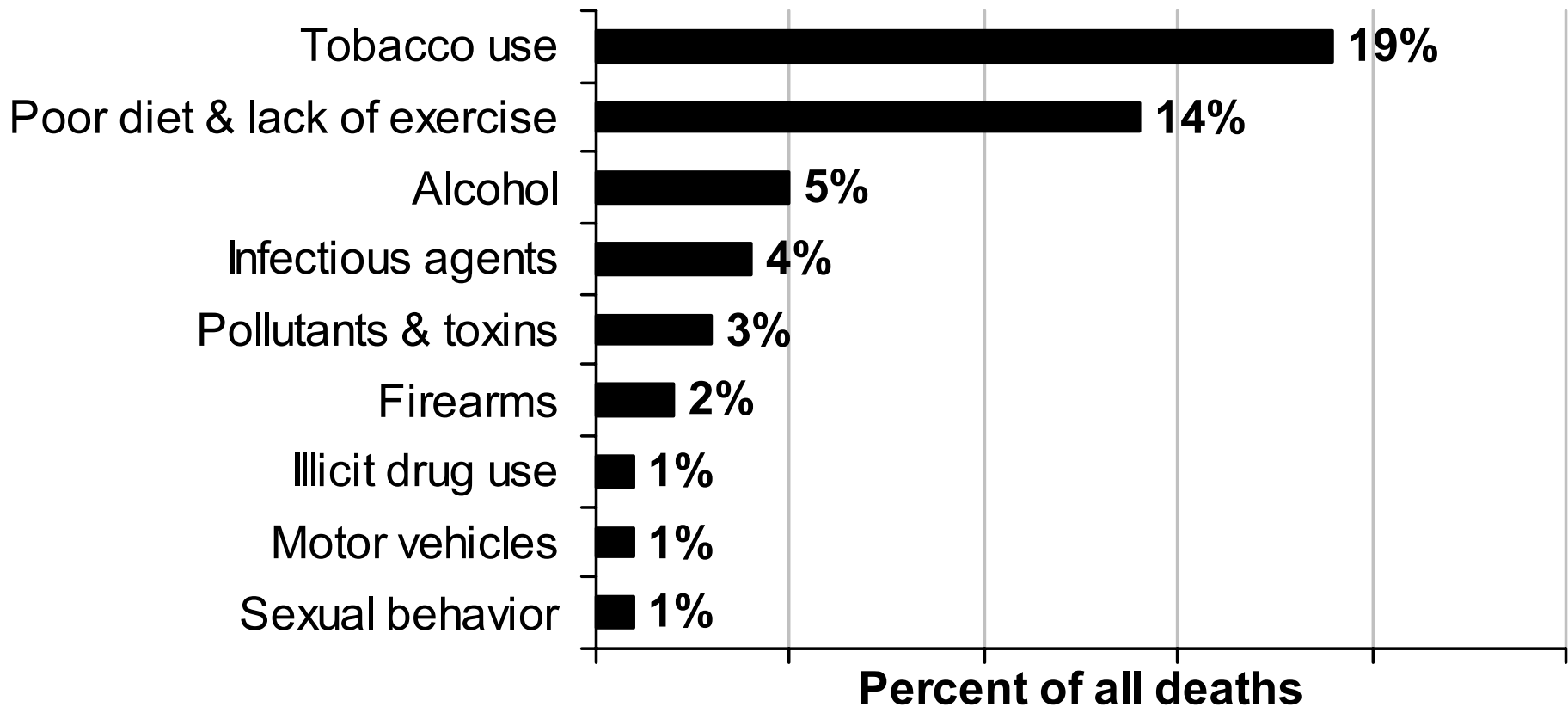
- **Comprehensive/Integrated Program**
 - There are many moving parts to the program, but working together they are greater than the sum of their parts
- **Sustainability**
 - “Will it still be there after you win the lottery and move to Fiji?”
 - An attribute of policy or systems change

Tobacco Use

- Why it's bad
- Why people do it anyway

What Tobacco Use Does

(What's so bad about it?)



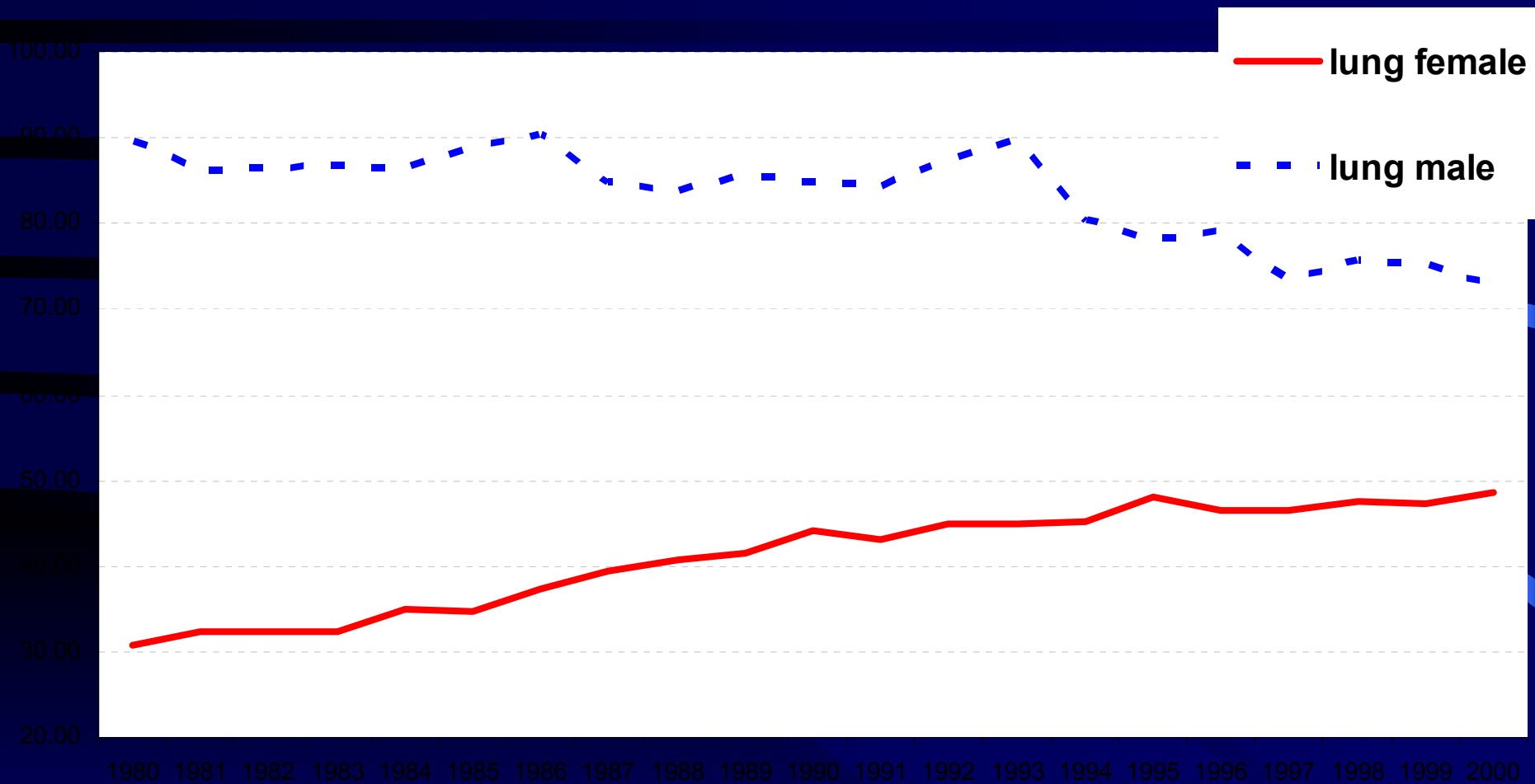
Specific Causes of Death

Cancer

- 30% of all cancers attributed to smoking
- Lung cancer
 - smoking causes nearly 90%
- Larynx, oral cavity, esophagus
- Bladder, pancreas, kidney, stomach
- Uterus, cervix

Source: US DHHS *Reducing the Health Consequences of Smoking: 25 Years of Progress*.
A report of the Surgeon General. Pub. No. 89-8911.1989.
National Institutes of Health. "Cancer Rates and Risks" 1996.

Trends in Lung Cancer



Source: Washington State Cancer Registry

More Specific Causes of Death

- Respiratory Disease
 - 26% of smoking-attributable deaths
 - Emphysema, chronic bronchitis
- Heart Disease & Heart Attacks
 - Tobacco-related heart disease kills more people than tobacco-related cancer

Other Bad Things That May Happen*

- Poorer overall health
- Impotence (men)
- Hearing loss
- Vision problems, cataracts
- Breast cancer (when girls start smoking early in life)

*linked in at least one study

Secondhand Smoke Exposure

- **Maternal smoking and exposure to SHS during pregnancy**
 - Low birthweight
 - Spontaneous abortion (suggestive)
- **Exposure of Children**
 - Exposure during infancy causes sudden infant death syndrome (SIDS)
 - Respiratory problems (including acute respiratory illness and asthma)
 - Middle ear infections
 - Adverse effects on development, learning, behavior (suggested)
 - Decreased lung function (suggested)

Secondhand Smoke Exposure

- Adult Exposure
 - Lung cancer
 - Heart disease
 - Nasal sinus cancer
 - Cervical cancer (suggested)

Source: NCI 1999. *Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph no.10.* Bethesda, MD. US Department of Health and Human Services, National Institutes of Health, National Cancer Institute, NIH Pub. No.99-4645.

What it costs in money

- \$1.5 billion each year in Washington State for medical expenditures
- \$6.8 million each year in Washington State due to neonatal health care as a result of smoking

WA: What it costs in life

- About 8,300 total lives each year
 - 2,600 lung/bronchus cancer
 - About 100 SIDS deaths
 - 2,400 heart disease
 - 1,200 respiratory diseases
- About 10,000 infants born each year to mothers who smoke during pregnancy

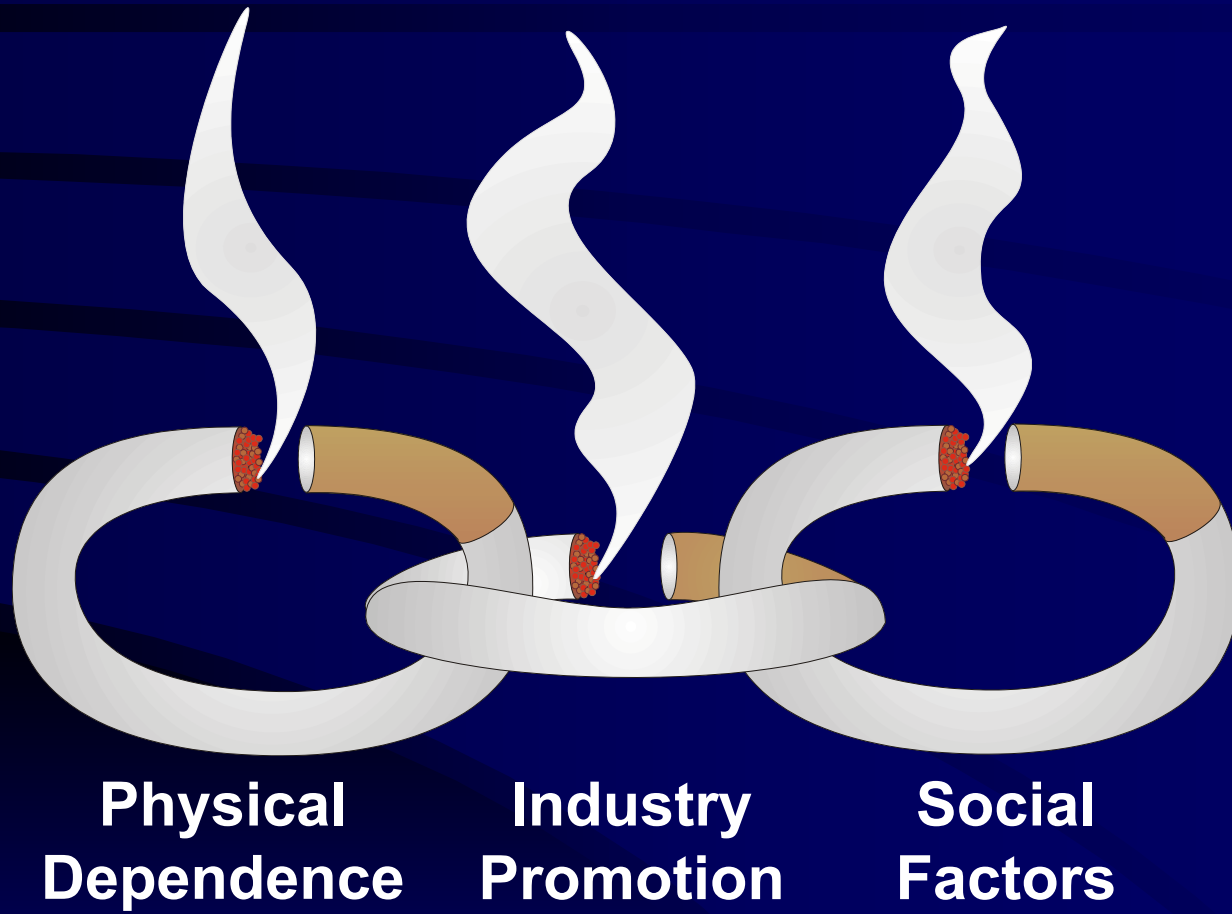
Dilley JA. *Tobacco and Health in Washington State: County Profiles of Tobacco Use*. Washington State Department of Health. June 2000. Pub 345-150.

Reasons People Use Tobacco

(what's so good about it?)

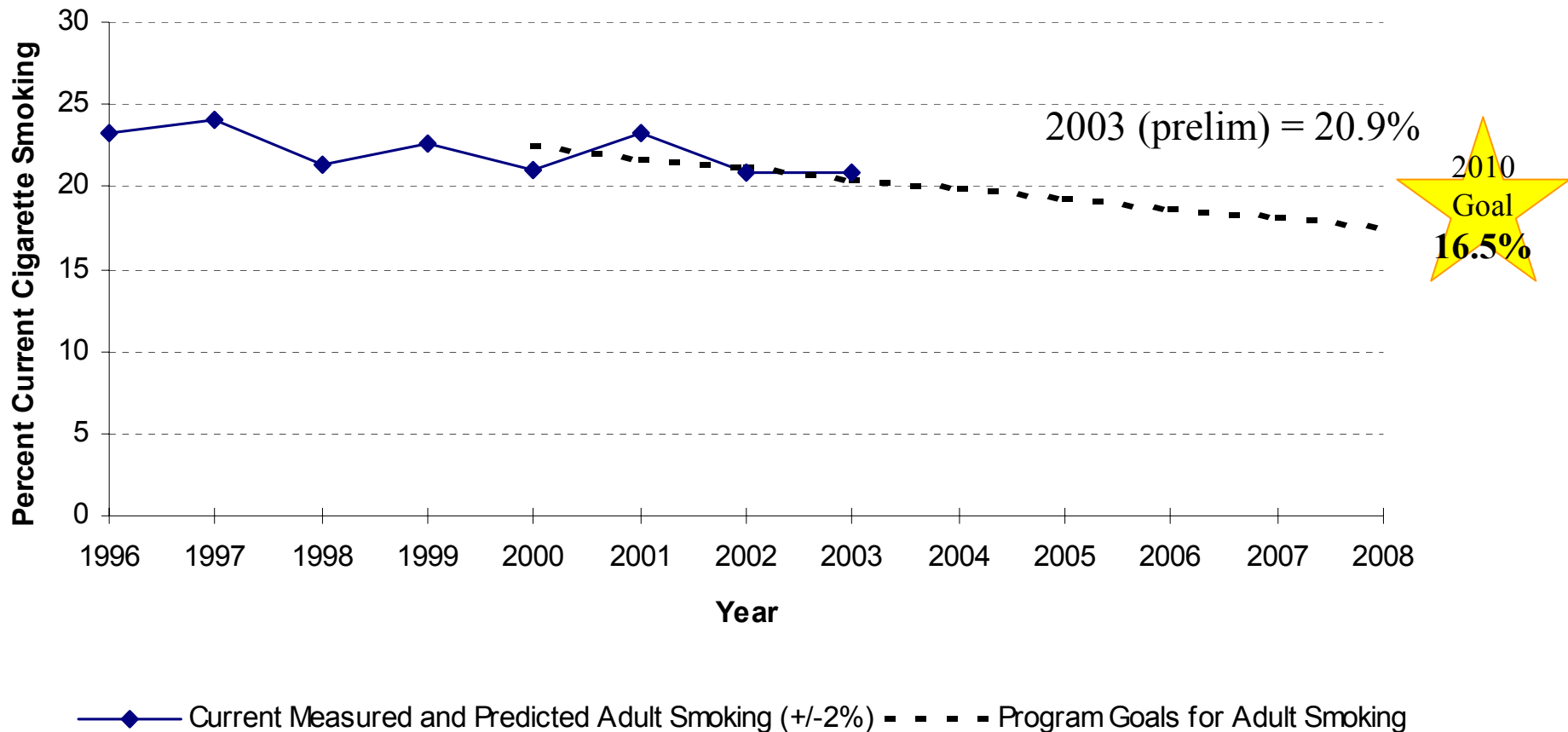
- Physical Addiction – physical pleasure
- Industry Promotion – image/attitude
- Social Pressures/Cues - belonging

What Prevents Most Smokers from Quitting. . . For Good?



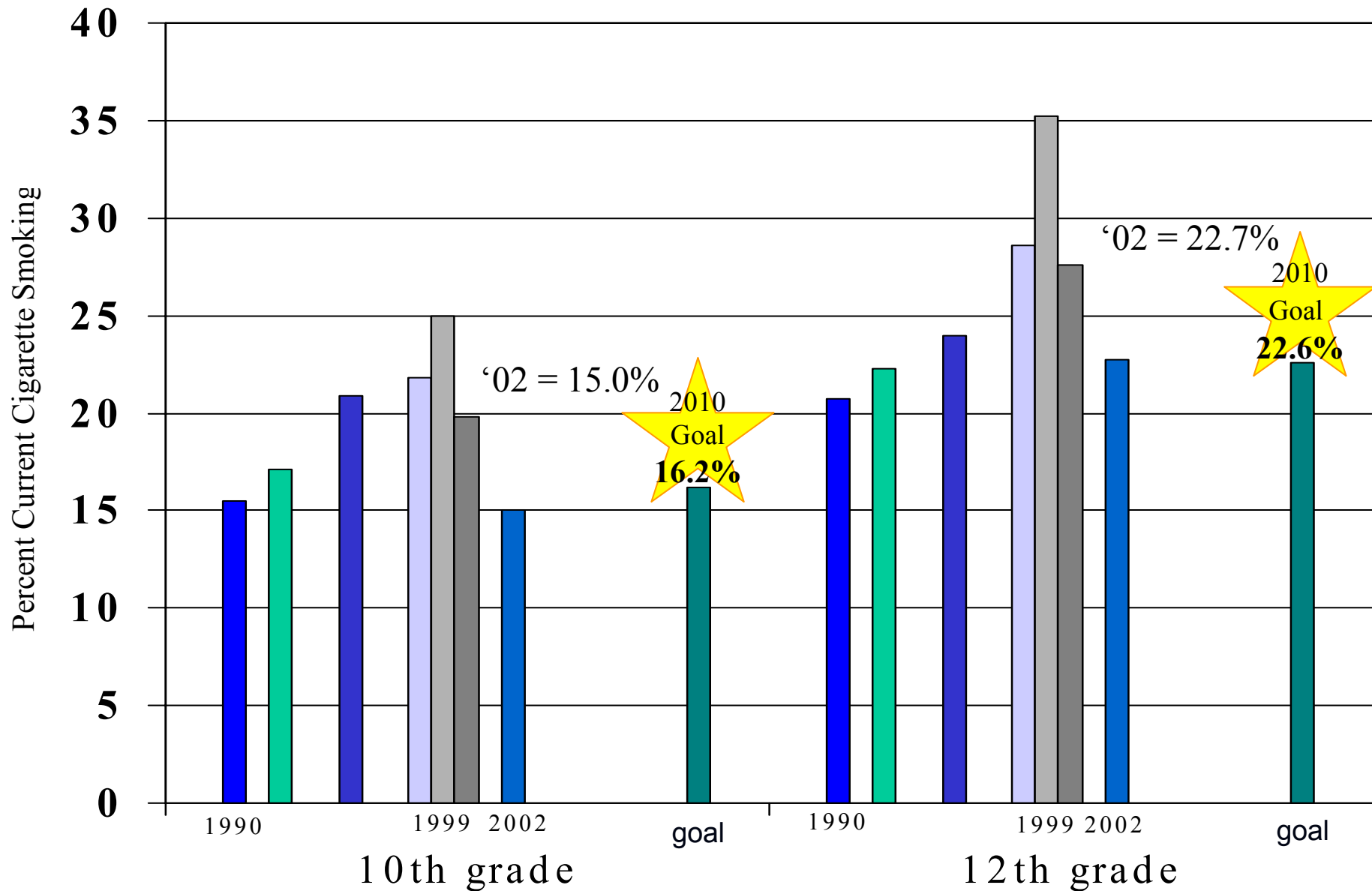
Current Tobacco Use in Washington

Adult Tobacco Use



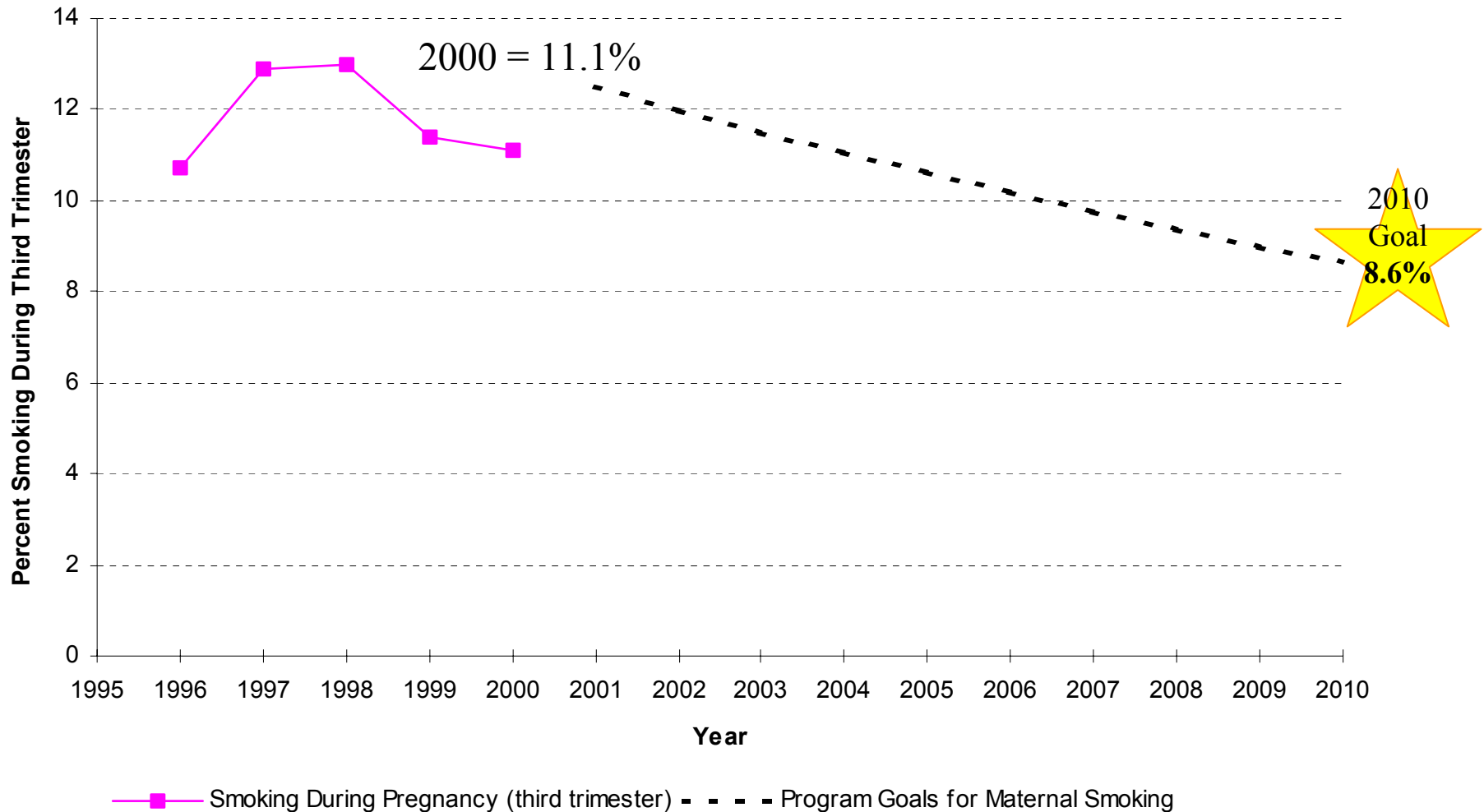
Source: Washington State Behavioral Risk Factor Surveillance System (BRFSS), adjusted to year 2000 population & standardized to 1999 baseline methods by removing zero block numbers and Spanish-speaking respondents; 2002+ increased for unlisted phones

Youth Tobacco Use

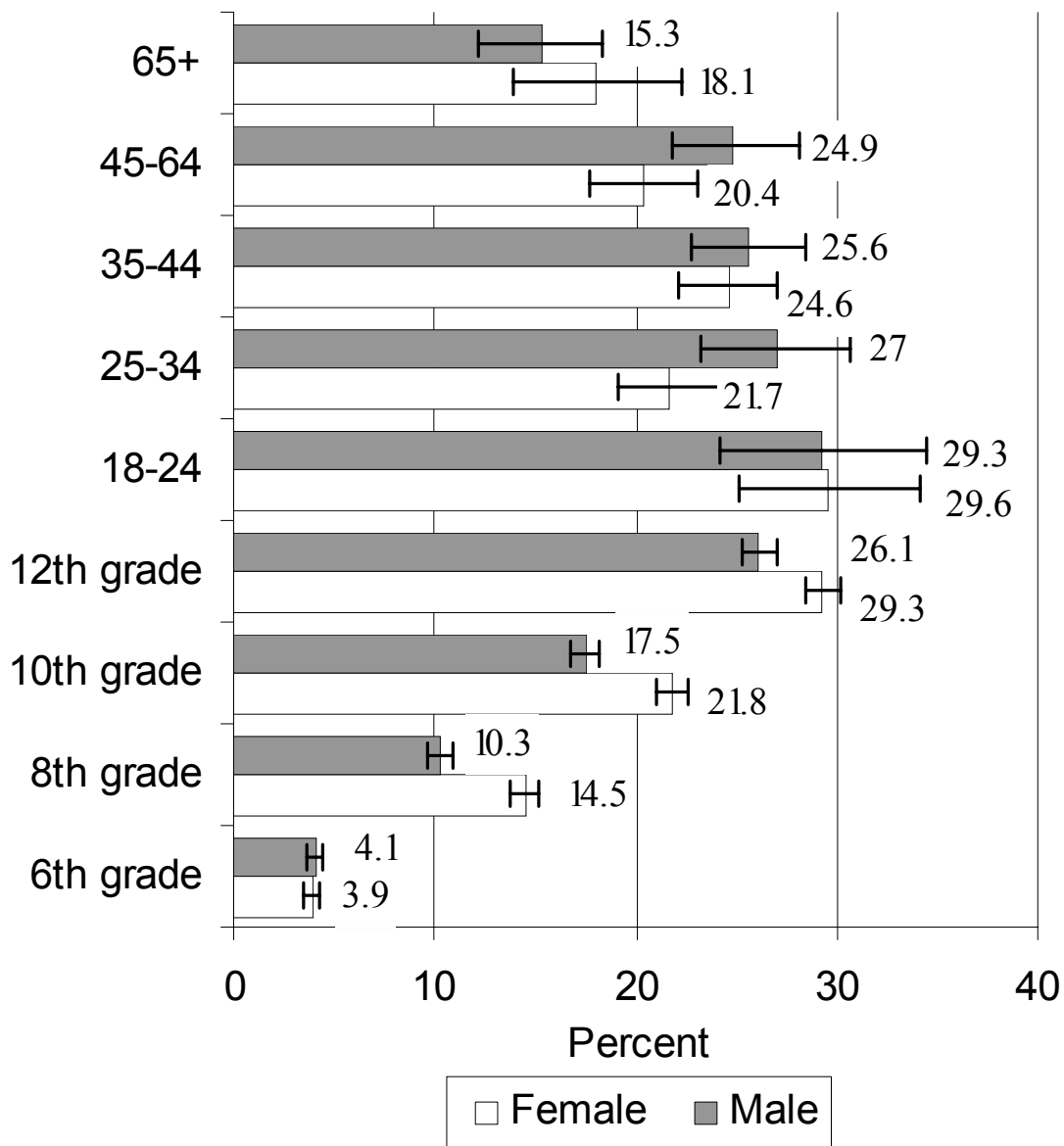


Source: 1990 Student Alcohol & Drug Use Survey (SADUS) – OSPI; 1992, 1995, 1998, 2000 Washington State Survey of Adolescent Health Behaviors (WSSAH) – OSPI, DOH, et. al; 1999 Washington State Youth Risk Behavior Survey (YRBS) – DOH; 2002 Healthy Youth Survey (HYS) – OSPI, DOH, et al.

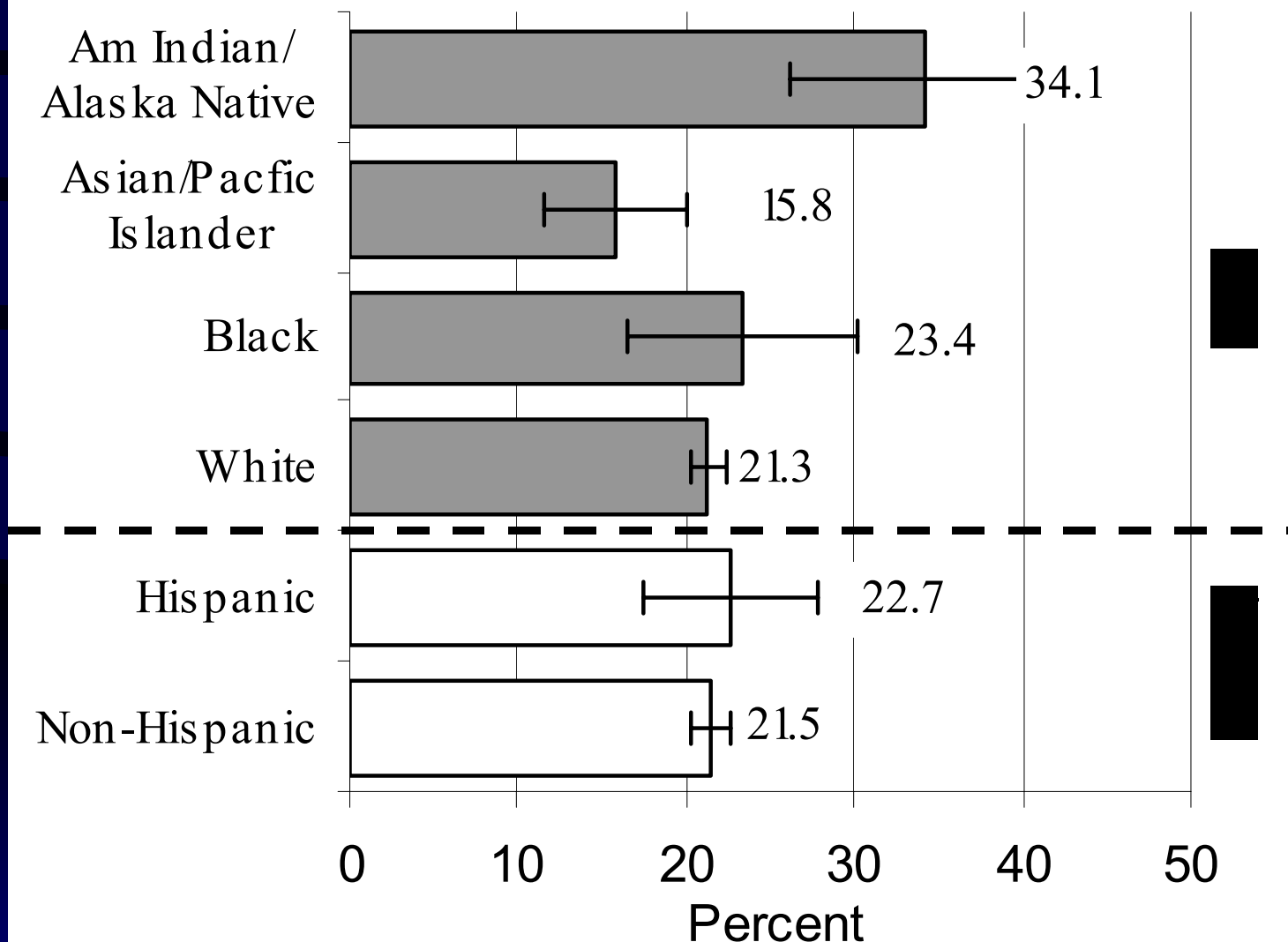
Tobacco Use & Pregnant Women



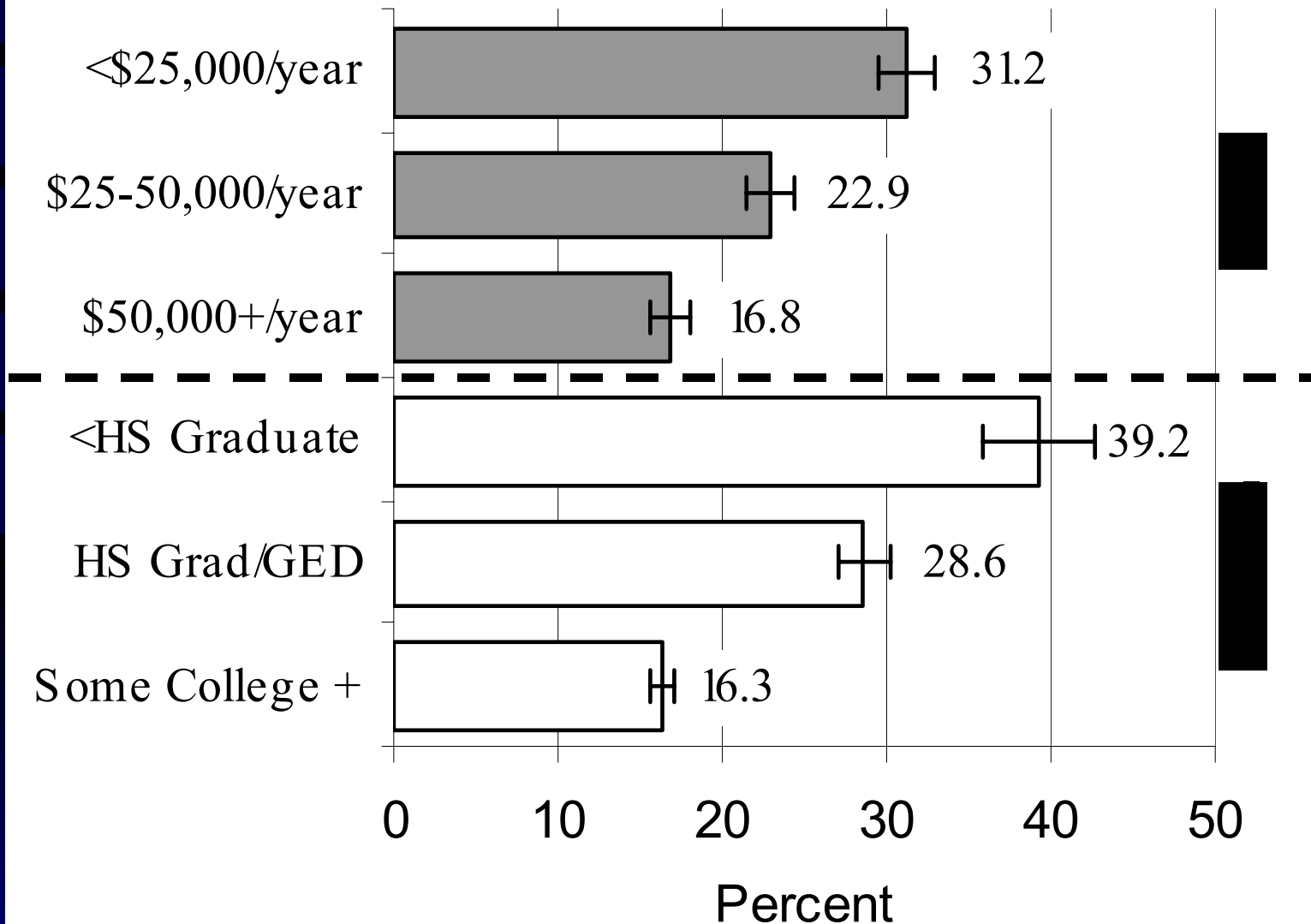
Current Cigarette Smoking Age and Gender WA State BRFSS 1998-2000, WSSAHB 2000



Current Cigarette Smoking Race and Ethnicity WA State BRFSS 1998-2000

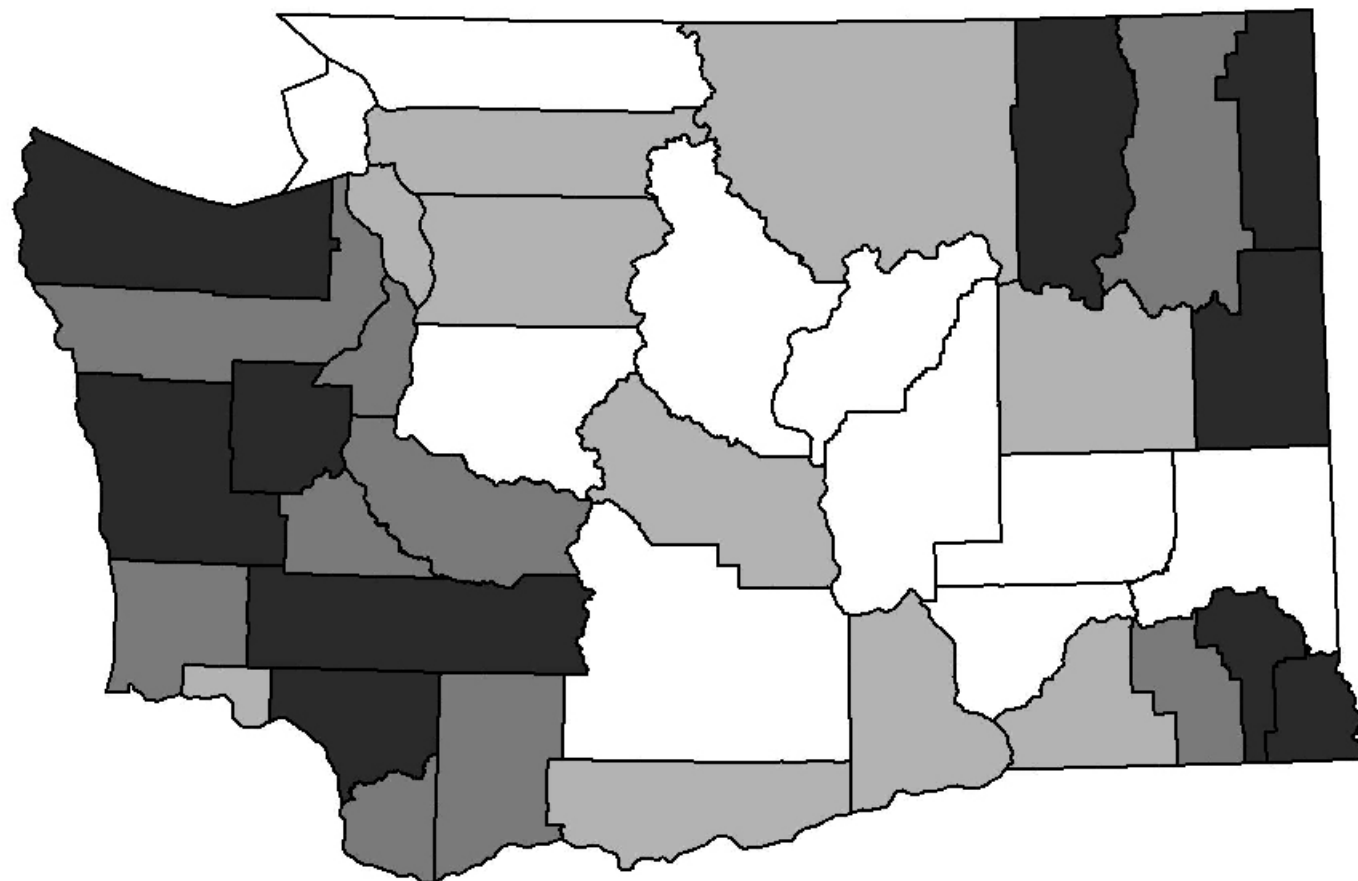


Current Cigarette Smoking Income and Education WA State BRFSS 1998-2000

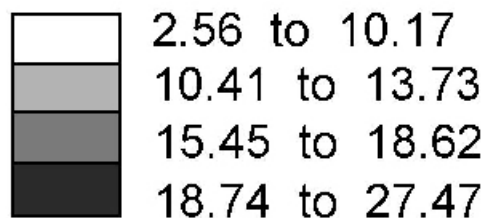


SELF REPORTED SMOKING DURING PREGNANCY

WA Birth Certificates 1998 - 2000



Percent



State Rate: 13.73

Produced by DIRM GIS

Secondhand Smoke Exposure

- Nearly one of every five ($19.6\% \pm 1.4\%$) Washington adults allowed smoking in their homes during the past month
- Among current smokers only, more than half ($57.0\% \pm 4.2\%$) had allowed smoking in their homes during the past month
- There was no difference in household smoking between households where children were present or not present, among current smokers.

Source: 2000 Washington State Behavioral Risk Factor Surveillance System (BRFSS)

Secondhand Smoke Exposure

- More than half of sixth graders ($62.1\% \pm 3.5\%$) had been in a room with someone who was smoking during the past week
- Just over one-third of sixth graders ($37.9\% \pm 3.5\%$) had ridden in a car with someone who was smoking at least once during the past week.

Source: 2000 Washington State Survey of Adolescent Health Behaviors (WSSAHB)

Why Data are Important

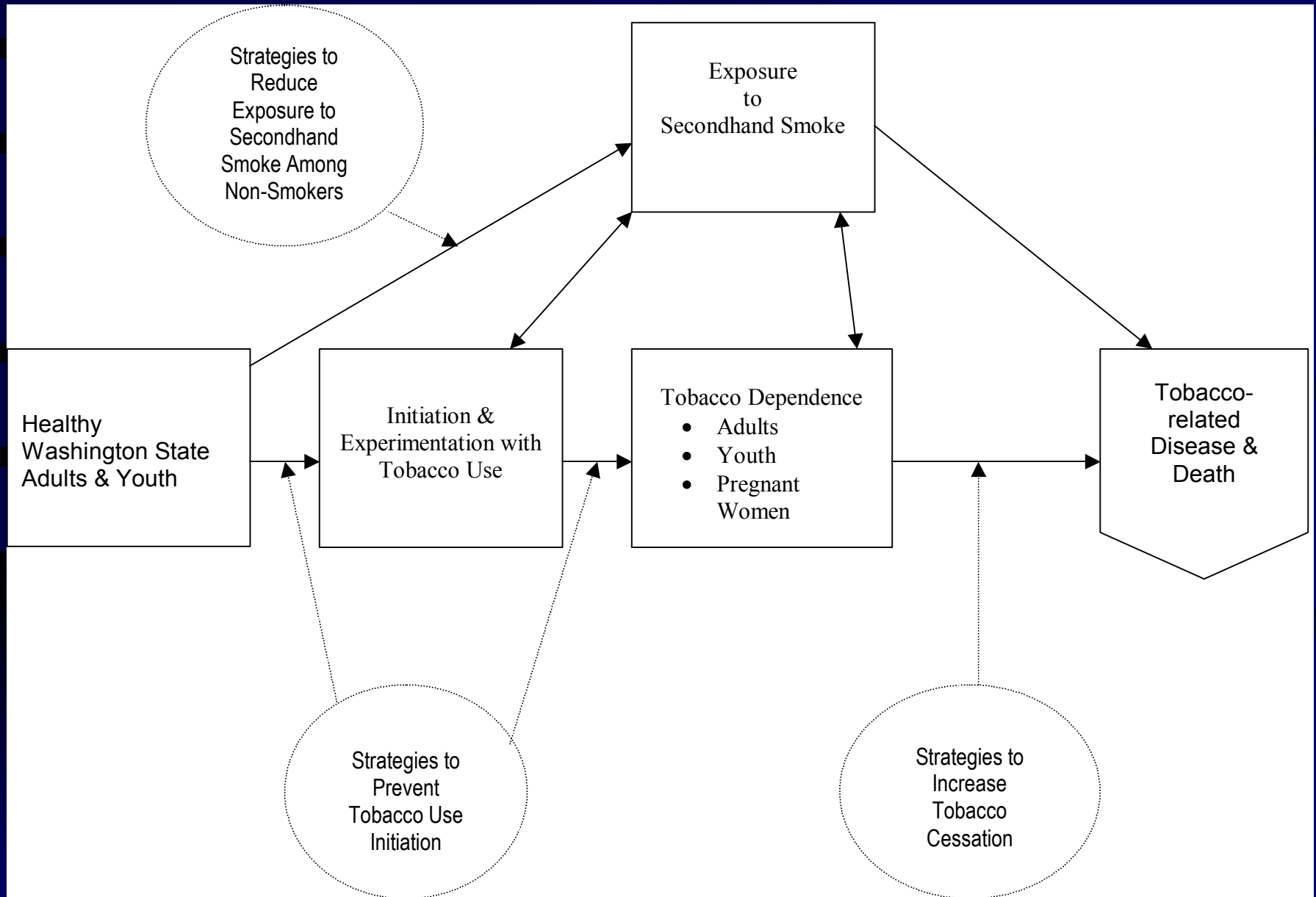
- Understand who uses tobacco – prioritize your efforts
- Evaluate – figure out what you made happen
- Educate – tell others about why tobacco control is important

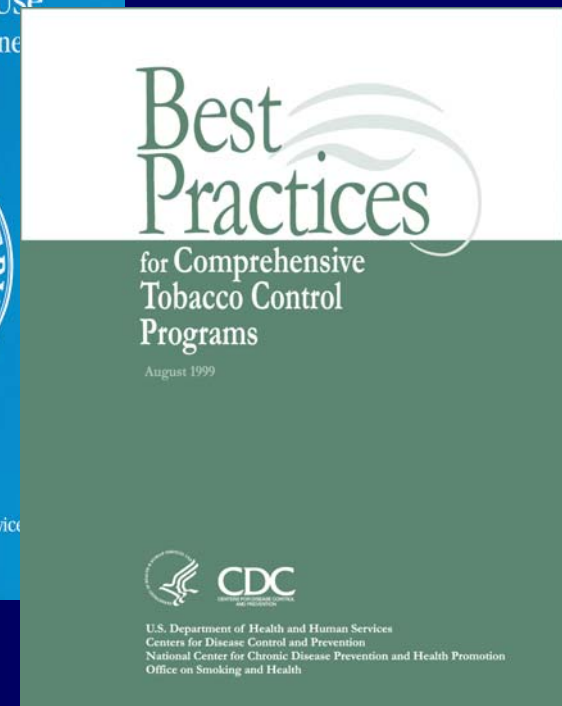
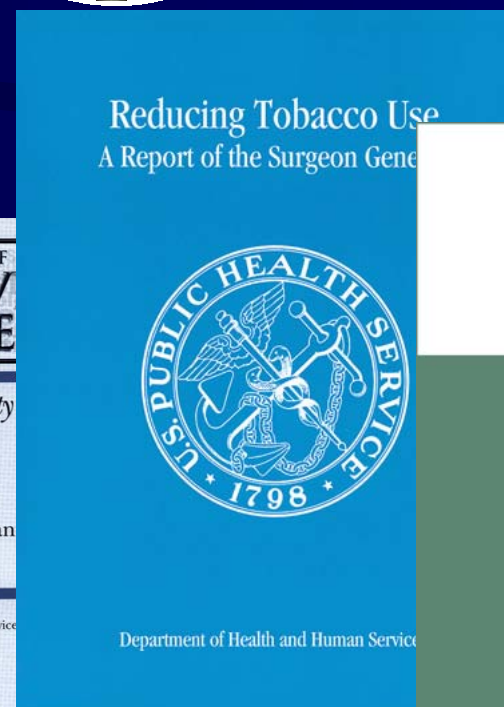
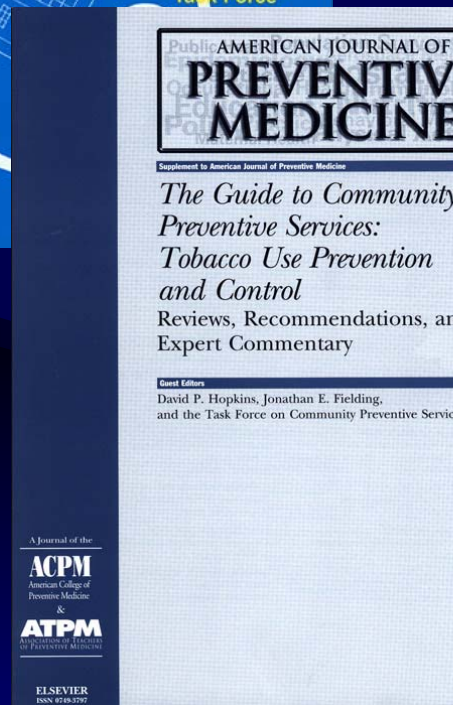
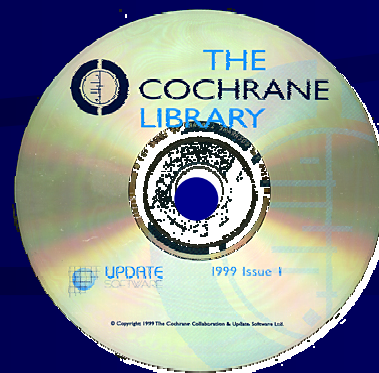
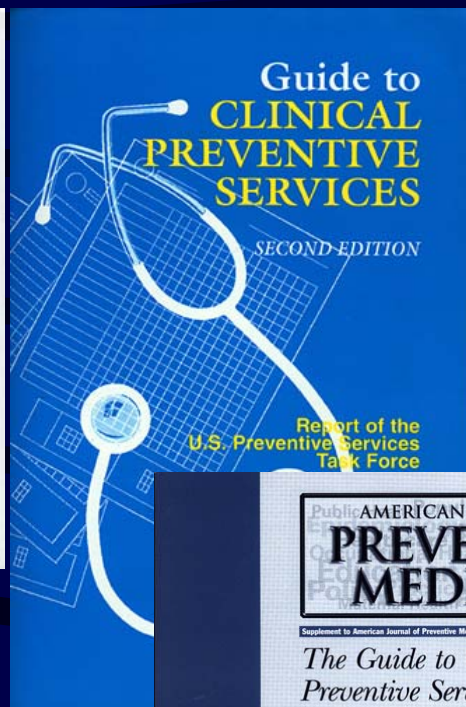
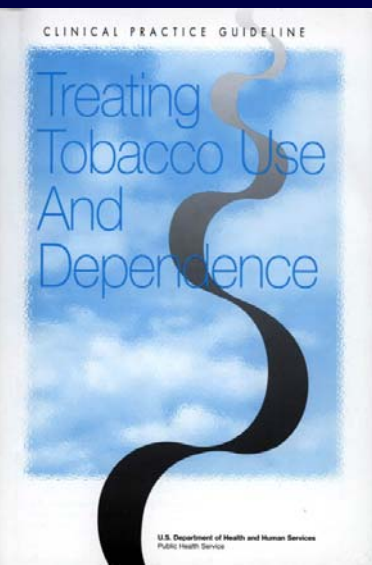
RED HOT Data

- Use the “Hidden Website” to find out about data for your community
 - Adult telephone survey
 - School-based youth surveys
 - Number of Quit Line calls & profiles of callers
 - Tobacco retailer identification and sale rates
 - Population data, including maps

Doing Tobacco Control: Theory

Tobacco Control Logic





Tobacco Control Research

What do we know works?

SOURCES

- “Community Guide”
- Public Health Services Guidelines
- Washington & other states’ experience
- CDC “Best Practices”
- Other published research

But First: Cultural Competency

- Just because we *know* something “works” in mainstream populations, don’t assume that it has been tested for effectiveness in all kinds of populations
- Just because we know something “doesn’t work” in mainstream populations, don’t assume it “won’t work” in smaller or culturally linked communities

When can we break the rules?

- Use qualitative assessments (key informants, focus groups) or published research to guide you
- Have CLEAR GOALS in mind, and then it may be reasonable to get to them by a different road
- Be clear with your contract manager about what you're doing and why

Another plug for Policy

- Policy is sustainable and benefits everyone equally
 - For example, smokefree restaurant policies mean that everyone is unexposed to secondhand smoke: all ages, races, religions, political inclinations, both Windows and Mac users, everybody

By Goal Area

- What do we know that works?
- What are we pretty sure that works?
- What do we know DOES NOT work?

What Works: Prevention

- Carefully constructed media campaigns
 - Currently conducted at state level
- Increase price of tobacco
 - WA voters passed a tax increase from \$.825 to \$1.425, beginning in January 2002
- Comprehensive School Programs
 - Including policy enforcement, curriculum, parent involvement/getting parents to quit, staff training, youth interventions
 - Partnership between communities and schools increases effectiveness (esp. for policy)
- Comprehensive youth access policies
 - When implemented comprehensively and in combination with other interventions
- Peer-led interventions
 - Media Literacy programs
 - Teens Against Tobacco Use (TATU) - ?

What DOESN'T Work: Prevention

- Curriculum/Youth education alone
- Compliance checks alone
- Probably anything alone

What works: Cessation

- Telephone Support
 - The Washington Quit Line
 - Local communities can help people know about the line and call it – healthcare provider training and direct mail/paycheck stuffers work best (?)
- Health Care Provider Advice and Follow-up
 - Work with DOH/Resource Center BTIS program to sponsor healthcare provider trainings & “systems change”
- Increased access to cessation support
 - Encourage worksites to expand benefits packages
 - Encourage tobacco users to find out if they have coverage
 - Provide training to other people to do support groups or quitting programs

What DOESN'T Work: Cessation

- Individual-level programs, support groups
 - They “work” for individuals, but very resource-intensive, very little ‘bang for buck’, not sustainable
- Self-help materials, ‘quit kits’ alone

What Works: Secondhand Smoke

- Smoking bans – community organizations can work to create official rules that prohibit smoking in:
 - Worksites
 - Restaurants/bars
 - Special Events
 - Public areas (parks, playgrounds)
 - Homes/families

What DOESN'T Work: Secondhand Smoke

- 'Ventilation strategies'
- Formal policies are better than voluntary policies
- Education messages about harm without directional messages about 'what to do about it'

What is “Population-based”?

This is a math problem: which approach reaches the most people in the long run?

- A. Hosting an adult tobacco cessation support group
- B. Training 5 people to do support groups
- C. Training 5 healthcare providers to give the “brief intervention” to clients

The Answer!

Usually the answer is “C” ...

Though there are probably some exceptions.

Imagine....

If you do a support group with a proven curriculum, spend a ton of effort on recruitment, you might get 10 people for an 8-week class.

If you train 5 people to do groups, that is better – maybe $5 \times 10 = 50$ people served over an 8-week period.

If you train 5 healthcare providers to deliver brief interventions (which are proven to be effective) with clients, they each see 10 clients who smoke *per day*

Which of these activities might still be happening a year later?

Break!

Please come back by 10:45

The Context for Tobacco Control

Washington State

History of Tobacco Control in WA

- 'the olden days'
- 1990s – ASSIST
- 2000 – Tobacco Council
- 2000+ - How it is now

Development of a Statewide Plan

- 1998 Master Settlement Agreement: Tobacco Settlement dollars scheduled to arrive to State General Funds – approximately \$4.5 billion over 25 years
- State Legislature allocated planning funds for 1999-2000 and earmarked funds for future program
- Secretary of Health Mary Selecky convened a Council of key leaders to develop “The Plan” – final version released Sept 2000

Structure of the TPCP

- Four goals
 - Prevent Initiation of Tobacco Use
 - Promote Quitting among Current Tobacco Users
 - Reduce Exposure to Secondhand Smoke (SHS) among non-smokers
 - Reduce Disparities in Tobacco Use

Guiding Principles

- Prevention & Control activities will be based on science
- All program activities will be consistent with the four overall goals of the program
- Tobacco prevention funds within the plan will be kept as fluid and flexible as possible

Guiding Principles (cont.)

- The program initially will focus on three target populations:
 - Youth
 - Adults who are interested in quitting
 - Pregnant women
- Activities will build on Washington's existing tobacco prevention infrastructure
- Maintain Washington's tobacco prevention partnerships

NEW Guiding Principles

- Prioritize strategies that result in sustainable practices (policy, systems change)
- Assure that implementation is culturally competent

Structure of the TPCP

- Six Components
 - Public Awareness/Education Campaign
 - Community-based Programs
 - School-based Programs
 - Statewide Cessation Programs
 - Statewide Youth Access/Policy Programs
 - Assessment & Evaluation

Program Component	Program Goals*		
	Prevention	Cessation	Secondhand Smoke
Community-based Programs	✓	✓	✓
School-based Programs	✓		
Public Awareness & Education	✓	✓	✓
Statewide Cessation		✓	
Policy & Enforcement	✓		✓

* State goal “eliminate disparities” and the “evaluation” program component are cross-cutting

Doing Tobacco Control in Washington: Existing Public Policies

Tobacco Control Policies in WA

- 1985: Clean Indoor Air Act RCW 70.160
- 1988: Governor's Executive Order banning smoking in state facilities (EO 88-06)
- 1990: Tobacco tax increased (health services account)
- 1993: Youth Access Law passed and Youth Prevention Account created
- 1994: SHS banned in office by L&I rule (WAC 296-800-240; revised 2001)

Tobacco Control Policies in WA

- 1997/98: County Tobacco ad bans in public places (King, Pierce, Snohomish)
- 1998: Minor's Possession Amendment to Youth Access law passed (RCW 70.155.080)
- 1998/99 Puyallup SHS restaurant ban passed and rescinded
- 1999 Settlement with Tobacco Companies
- 1999 Tobacco tax increase (for violence prevention & drug reduction)

Tobacco Control Policies in WA

2000 Tobacco Prevention and Control Acct started
(\$100 million)

2001 Authority for Tribal Tax Contracts established

2002 Tobacco tax increase
(for tobacco prevention and basic health plan)

Doing Tobacco Control in Washington: Practical Guide for Local Programs

Who's Who in Washington Tobacco Control

State Organizations	Local Organizations	Advocacy Groups
Provide coordination, training, technical assistance, media campaign, Quit Line	Promote local-level policies, sustainable practices, mobilize community partners	Aggressively push public policies (lobbying)
<ul style="list-style-type: none"> •State DOH •State Agency Partners •Tobacco Prevention Resource Center (TPRC) •Secondhand Smoke Community Assistance Project (SHSCAP) 	<ul style="list-style-type: none"> •Community Organizations •Educational Service Districts •Tribes •Priority Population Groups 	<ul style="list-style-type: none"> •American Cancer Society (ACS) •American Lung Assoc (ALAW) •BREATHE •Heart Association (AHA) •Tobacco Free Kids (TFK)

Community Indicators

- **Capacity Goal**

- CpC-1. Engagement of Diverse Community Partners
- CpC-2. Community Support for Tobacco Control

- **Prevention Goal**

- PC-1. Youth Access to Tobacco
- PC-2. Parents Communicate Values
- PC-3. Youth Engagement
- PC-4. Receptivity to Tobacco Industry Marketing
- PC-5. Community support for Prevention Policies

Community Indicators

- **Cessation Goal**
 - CC-1. Use of Cessation Resources
 - CC-2. Access to NRT
 - CC-3. Interventions by Healthcare Providers
 - CC-4. Availability of Cessation Resources
- **Secondhand Smoke Goal**
 - SC-1. Support for Smoking Bans and Policies
 - SC-2. Private Policies
 - SC-3. Public Policies
 - SC-4. Home Policies

School Indicators

All related to Prevention:

- PS-1. Comprehensive School Policies
- PS-2. School Curriculum
- PS-3. Staff Training
- PS-4. Parent Involvement
- PS-5. Youth Interventions/Support
- PS-6. Engagement of Diverse Community Partners
- PS-7. Evaluation Data
- PS-8. Engagement of youth to deliver peer messages

You are Here

Now what???

Resources for You

- Contract Manager
- CATALYST
 - Steers to WA “Best Practices” in your workplan
 - Associated workbook
 - ‘hidden website’ provides data
 - Prompts to set measurable objectives
 - Creates standardized accountability
 - Provides institutional memory
 - Resource for evaluation at state level
 - Annual CATALYST training
- Tobacco Prevention Resource Center (TPRC)
 - Training
 - Technical Assistance

More Resources for You

- Workplan Workbook
 - Some detail about what you are supposed to do
 - What is expected for CATALYST reporting
- SHSCAP (Second-hand Smoke Community Assistance Project)
 - Technical assistance for SHS policy & education work
- Upcoming Strategic Planning Trainings
 - Focus on policy education approaches
 - Create a 3 year plan for your organization & community

DOH Tobacco Websites

DOH Tobacco Website www.doh.wa.gov/tobacco

Quitline Website www.quitline.com

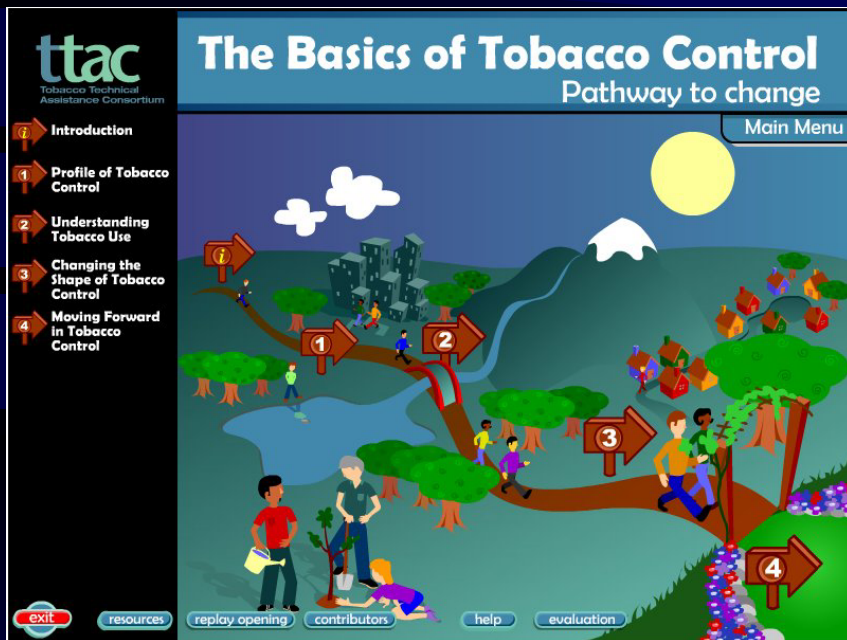
Youth Website www.unfilteredtv.com

SHS website www.secondhandsmokesyou.com

National Resources

- Centers for Disease Control and Prevention Office on Smoking & Health
 - <http://www.cdc.gov/tobacco/>
- Center for Tobacco Free Kids
 - <http://www.tobaccofreekids.org>
- Tobacco Technical Assistance Consortium
 - <http://www.ttac.org>
 - “Basics of Tobacco Control” online training under ‘TTAC products and tools’
- National Cancer Institute
 - <http://cancer.gov/cancerinfo/tobacco>

TTAC – Basics of Tobacco Control



- BOTC is a resource-based program that offers a new perspective on conducting tobacco control.
- The comprehensive training program includes information, resources, and valuable advice to help individuals and organizations take a more comprehensive social change approach to tobacco control.

Thank You!

...back to the parking lot 😊